PTO/SB/06 (07-06)

Approved for use through 1/31/2007. OMB/061/0032 LLC. Detent and T

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/849,747			05/19/2004		To be Mailed	
APPLICATION AS FILED – PART I												OTHER THAN		
(Column 1) (Column 2)								SMAL	L E		OR		LL ENTITY	
	FOR		NUMBER FILED		ED N	NUMBER EXTRA		RATE (\$	6)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A			N/A		N/A				N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A			N/A		N/A				N/A		
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			N/A			N/A		N/A				N/A		
(37 CFR 1.16(i))			minus 20 =		us 20 = *	•		X \$	=		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 =		nus 3 = *	•		X \$	-			X\$ =		
D _e	PPLICATION SIZE 37 CFR 1.16(s))	FEE	sheets is \$250 additior	of pape (\$125 nal 50 s	r, the applicat for small entity heets or fracti	d drawings exceed 100 pplication size fee due Il entity) for each r fraction thereof. See and 37 CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									4					
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	l			TOTAL		
	APPI	LICATION	I AS A	MEND	ED – PART	I								
(Column 1) (Column 2) (Column 3)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY				
AMENDMENT	04/26/2010	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$	9	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1 160))	· 10		Minus	20	= 0		X \$	-		OR	X \$52=	0	
	(37 CFR 1.16(h))	• 3		Minus	13	= 0		X \$	-		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
								TOTAL ADD'L FEE			OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIMS REMAINI AFTER AMENDM	NG {		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$	9	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16(i))	•		Minus	••	-		X \$	- 1		OR	X \$ =		
	(37 CFR 1.18(h))	٠		Minus	***	-		X \$	=		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))													
AA	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3. * If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'. PAMELA YOUNG/												TOTAL ADD'L FEE er:		
•••• 1	the "Highest Numb	er Previousl	y Paid F	or" IN T	IS SPACE is le	ss than 3, enter "3".								
						the highest number						to file (and h	IL LIGHTO (

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.